

**NC DHHS
DMH/DD/SAS**

Reviewer:

	Description	Conditional Endorsement					Full Endorsement				
	Specialized Consultative Services	Evidence of Compliance	MET	NOT MET	N/A		Evidence of Compliance	MET	NOT MET	N/A	Comments
	Provider Requirements										
a	**1) Must be delivered by practitioners employed by an organization that meets the standards established by the Division of MHDDSAS or when billed through an LME must be delivered by an LME approved/endorsed by DHHS. These standards set for the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provider services.	Provider application with all required supporting documentation as required in;					Provider application with all required supporting documentation as required in;				
b	2) Provider organization must demonstrate they meet these standards by being endorsed by the LME.	provider application; program description Policy and					Provider application; program description Policy and				
c	** The organization must be established as a legally recognized entity in N.C.	Procedure Manual					Procedure Manual				
d	Billing follows LME business procedures when delivered by the LME.	LME business procedures					LME business procedures				

	Staffing Requirements										
a	Must hold appropriate NC license for PT, OT, ST, psychology, nutrition; or state certification for Recreation Therapy.	Provider: Program description; Personnel Manual; job descriptions. Copy of appropriate license/certification. LME: LME business procedures for billing.					Provider: Copy of appropriate license Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met. LME: LME business procedures for billing.				
	Service Type Setting										
	N/A										
	Program/Clinical Requirements										
a	Provides expertise, training, and technical assistance in a specialty area (psychology, behavioral analysis, therapeutic recreation, speech therapy, occupational therapy, physical therapy, or nutrition) to assist family members, caregivers, and other direct service employees in supporting individuals with developmental disabilities.	Provider: Program description; policies and procedures					Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming.				

b	Family members and other paid/unpaid caregivers are trained by licensed professionals to carry out therapeutic interventions.	Provider: Program description; policies and procedures; copy of appropriate license/certification.					Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming.				
c	Covers the cost of specialists identified as an integral part of the treatment team to participate in team meetings.	Provider: Program description; policies and procedures					Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming.				

d	Provides additional intensive consultation and support for individuals whose medical and/or behavioral/psychiatric needs are considered extreme or complex.	Provider: Program description; policies and procedures					Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.					
e	<p>The following may be provided with or without the person being present:</p> <ul style="list-style-type: none"> -Observing the individual prior to the development/revision of the Plan to assess & determine treatment needs & effectiveness of current interventions/support techniques -Constructing a written Support Plan to delineate the interventions & activities to be carried out by family members, caregivers, & program staff. -Training relevant persons to implement the specific interventions/supports/ techniques delineated in the Support Plan & to observe the person, to record data, & to monitor implementation of therapeutic interventions /support strategies 	Provider: Program description; policies and procedures					Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.					

f	<p>In addition, the following may be provided with or without the person being present:</p> <ul style="list-style-type: none"> -Review documentation & evaluate the activities conducted by the family members, caregivers or program staff as delineated in the Support Plan with revision of the Plan as needed. -Training & technical assistance to family members, caregivers, & other individuals primarily responsible for carrying out the person's PCP on the interventions/activities, delineated in the Support Plan, outcomes expected and review procedures -Participating in team meetings 	<p>Provider: Program description; policies and procedures</p>					<p>Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming, copy of approved Plan of Care</p>				
g	<p>May not duplicate services provided to family members through Individual/Caregiver Training and Education</p>	<p>Provider: Program description; policies and procedures</p>					<p>Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming, copy of approved Plan of Care.</p>				

h	Total cost reimbursable under the waiver will not exceed \$1500 per person per waiver year.	Provider: Program description; policies and procedures					Provider: Program description, policies and procedures and service notes documenting implementation of appropriate programming, copy of approved Plan of Care.				
	Documentation										
a	The need for Specialized Consultative Services must be clearly reflected on the Plan of Care.	Provider: Program description; policies and procedures					Provider: Service notes documenting implementation of appropriate programming, copy of approved Plan of Care.				
b	The Support Plan details strategies, responsibilities, and expected outcomes.	Provider: Program description; policies and procedures					Provider: Service notes documenting implementation of appropriate programming, copy of approved Plan of Care.				

c	<p>Service note is required to include:</p> <ul style="list-style-type: none"> -full date the service provided -duration of service for periodic and day/night services -purpose of the contact as it relates to a goal in the service plan -description of the intervention/activity -assessment of consumers' progress toward goals -for professionals, signature and credentials, degree, or licensure of the clinician who provided the service 	<p>Provider: Service Record; Policy and Procedure Manual</p>					<p>Evidence of documentation according to Service Records Manual.</p>				
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